



CITY OF NEW ORLEANS

Mitchell J. Landrieu, Mayor

Application for a For Hire Vehicle Certificate of Public Necessity and Convenience (CPNC) Renewal Instruction Sheet

Type or print neatly.

All questions must be answered completely. **Do not leave blanks: note N/A if not applicable. Please note that an incomplete application will not be accepted. Application must be completed, signed, and notarized.**

Submit as attachment #1: A letter from the for hire vehicle company under which the CPNC will be operating.

Submit as attachment #2: Proof of Citizenship or permanent residence (Not applicable if submitted for 2012 renewal).

Acceptable Documents: Birth Certificate, Certificate of Naturalization, valid U.S. Passport, Permanent Residence Card. (Not applicable if submitted for 2012 renewal).

Submit as attachment #3: Proof of Residency for a period greater than six (6) months.

Acceptable Documents: **Utility bill, water bill, landline telephone bill, mortgage/rental agreement in applicant's name.**

Submit as attachment, if applicable, #4: If applying as a corporation, partnership, or LLC, applicant must submit a certified copy of Articles of Incorporation / Articles of Organization by the Louisiana Secretary of State Office, and the name(s) and position(s) of all officers. If operating as a corporation, association or partnership, all of the partners or the principal officers of the organization, and the person actually exercising the executive direction of the organization shall be required to submit applications individually. All of the provisions applicable to individuals shall apply to and be required of such principal partners or officers, and the failure of any of them to meet such requirements shall be grounds to deny the application of such corporation, association or partnership. (Not applicable if submitted for 2012 renewal).

Submit as attachment #5: Proof of required insurance.

Acceptable Documents: Certificate of Liability Insurance / Declaration Page

Submit as attachment #6: Vehicle Registration

Submit as attachment #7: City of New Orleans Occupational License

Submit as attachment #8: Consent Form

**DRUG SCREENING, FEDERAL BACKGROUND CHECK, AND PROOF OF RESIDENCY ARE
REQUIRED FOR EACH APPLICANT.**

****You are encouraged to familiarize yourself with New Orleans City Code Chapter 162**
A copy may be obtained from the Clerk of Court's Office, or online at www.municode.com.
Please govern yourself accordingly.**



Taxicab and For Hire Vehicle Bureau

APPLICANT INFORMATION:

1. **Applicant Name** _____

Residence or Business Address: _____

City, State, Zip Code: _____

Applicant's Contact Phone Number: _____

Alternate Phone Number: _____

Email: _____

Date of Birth (if individual): _____

EIN Number or Social Security Number: _____

Louisiana Driver's License # _____ Expiration Date: _____

Has this driver's license been suspended or revoked? _____

Have you changed your address since last year's CPNC renewal? _____

If yes, please list previous address below:

Do you currently reside in Orleans Parish, Jefferson Parish, St. Bernard Parish, St. Tammany Parish, Plaquemines Parish, St. Charles Parish, St. John the Baptist Parish, or St. James Parish?

In which parish do you currently reside in? _____

If applying as a corporation, association or partnership, do all partners, principal officers of the organization, and/or the person actually exercising the executive direction of the organization currently reside in Orleans Parish, Jefferson Parish, St. Bernard Parish, St. Tammany Parish, Plaquemines Parish, St. Charles Parish, St. John the Baptist Parish, or St. James Parish? _____

CPNC# _____

List each partner, principal officer, and the person actually exercising the executive direction of the company below and the parish that they currently reside in?

Name: _____

Relationship to CPNC: _____

Parish of residency: _____

Name: _____

Relationship to CPNC: _____

Parish of residency: _____

Name: _____

Relationship to CPNC: _____

Parish of residency: _____

Name: _____

Relationship to CPNC: _____

Parish of residency: _____

Name: _____

Relationship to CPNC: _____

Parish of residency: _____

Name: _____

Relationship to CPNC: _____

Parish of residency: _____

Have there been any changes of partners and/or principal officers since last year's renewal? _____

If yes, when did these changes take place? _____

(Month, Day, Year)

If yes, what were these changes? _____

Were these changes reported to the Taxicab and For Hire Vehicle Bureau? _____

Did the new officers, partners, or other executive managing personnel submit an individual application to ensure that they possessed the qualifications required to hold a CPNC? _____

CPNC# _____

Has there been a change of equipment, or change of vehicle, on this CPNC? _____

If so was a vehicle inspection completed? _____

Have you ever had any tickets written against this CPNC? If yes, please list tickets, court hearing dates, etc.:

Have you ever had a City of New Orleans CPNC suspended or revoked? _____

If yes, please provide the CPNC number and a brief explanation of the circumstances regarding the suspension or revocation. Please include the date of the suspension or revocation:

Have you ever been charged, pled nolo contendere, pled guilty, been found guilty, or been convicted of one of the following offenses equivalent thereto: homicide, aggravated rape, aggravated battery, simple rape, aggravated kidnapping, aggravated burglary, armed robbery, attempted aggravated battery, attempted aggravated battery, attempted aggravated rape, attempted aggravated robbery, aggravated assault, or sale of narcotics? _____

If yes, please provide the disposition(s) and attach supporting documentation for each offense:

Have you ever been convicted of any felony offense(s)? _____

If yes, please provide the disposition(s) and attach supporting documentation for each offense:

CPNC# _____

Have you ever been charged, pled nolo contendere, pled guilty, been found guilty, or been convicted of one of the following offenses: pandering, prostitution, soliciting for prostitution, or illegal possession or use of narcotics within five years preceding this application? _____

If yes, please provide the disposition(s) and attach supporting documentation for each offense:

Has this vehicle ever been issued the title class of either salvage, rebuilt, junk, total loss, reconditioned, or any equivalent classification in any state? _____

Is the CPNC in the name of the registered owner of the vehicle? _____

If no, please explain: _____

Are you an employee/contractor/vendor for the city of New Orleans? Is there a possible conflict of interest? _____

Vehicle associated to CPNC:

Make: _____

Model: _____

Year: _____

Vin: _____

Insurance: _____ Policy # _____

Taxicab CPNC Only:

Is this vehicle equipped with a security camera system? _____

If yes, please list the approved camera system provider? _____

Is this vehicle equipped with an approved debit/credit card PIM System? _____

If yes, please list the approved debit/credit card PIM provider? _____

Is this vehicle equipped with a GPS navigation device? _____

If yes, please list the approved GPS navigation device make and model? _____

3. LICENSE HOLDER CERTIFICATION

(Individual or Corporation)

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____, who, being by me first duly sworn, deposes and says that he/she is the holder of CPNC # _____, and that said Certificate of Public Necessity and Convenience (CPNC) is current and valid, and in accordance with New Orleans City Code Chapter 162. The CPNC holder further stipulates that all information contained in this application is accurate and true. * All holders of CPNC are required to sign

Signature of CPNC(s) holder

Signature of CPNC(s) holder

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

Print, or Type, and Stamp Commissioned

Name of Notary Public

Signature of Notary Public

Personally Known _____ OR Produced Identification _____ My Commission Expires:

Type of Identification Produced _____

CPNC# _____

Taxicab and For Hire Vehicle Bureau

Consent Form

*I hereby authorize the City of New Orleans, Taxicab and For Hire Vehicle Bureau to receive any criminal history, record, or information pertaining to me, which may be in any national, state, or local criminal justice agency in the United States of America. * To be filled out by all parties of CPNC*

Full Name (Please Print Only)

Address

City

State

Zip Code

Race

Sex

DOB

I further state that I have/have not been convicted, paroled or placed on probation.

The following Yes/No answers are correct concerning my criminal history.

Have you been charged or convicted of the following offenses:

| | Yes | No |
|--|--------------------------|--------------------------|
| Criminal Homicide | <input type="checkbox"/> | <input type="checkbox"/> |
| Robbery | <input type="checkbox"/> | <input type="checkbox"/> |
| Aggravated Assault | <input type="checkbox"/> | <input type="checkbox"/> |
| Burglary | <input type="checkbox"/> | <input type="checkbox"/> |
| Rape | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Molestation | <input type="checkbox"/> | <input type="checkbox"/> |
| Aggravated Battery | <input type="checkbox"/> | <input type="checkbox"/> |
| Suspended License | <input type="checkbox"/> | <input type="checkbox"/> |
| Disorderly Conduct | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving Under the Influence (DUI) | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving While Intoxicated (DWI) | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidnapping | <input type="checkbox"/> | <input type="checkbox"/> |
| Leaving the scene of an accident | <input type="checkbox"/> | <input type="checkbox"/> |
| Felony involving motor vehicle | <input type="checkbox"/> | <input type="checkbox"/> |
| Any law involving theft/violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Any sale, possession, or distribution of controlled dangerous substances | <input type="checkbox"/> | <input type="checkbox"/> |
| Pandering, prostitution, solicitation for prostitution | <input type="checkbox"/> | <input type="checkbox"/> |

Social Security Number

Signature

Date]

This authorization is valid for 365 days from the date of signature.